

**Read Message****Previous****Next****Back to: Inbox****From:** Vicki Beeler <vbeeler@gmail.com> **Date:** 2010/07/27 Tue AM 06:09:40 CDT**To:** dnunn@davidlnunnpc.com**Subject:** Meeting of Creditors Re Micheal & Lillie Calloway**Reply****Reply All****Forward****Delete****Move To:** (Choose Folder)

Hi David,

Attached is an ASCII file of the Creditors Meeting. Hard copies to follow. Thanks! Vicki

--

Vicki Beeler, CSR
 2521 Northwest 58th Place
 Oklahoma City, Oklahoma 73112
 (405) 840-6060

1

1 IN THE UNITED STATES BANKRUPTCY COURT

2 FOR THE WESTERN DISTRICT OF OKLAHOMA

3

In re:

4

MICHAEL L. CALLOWAY, SR. and

5

LILLIE E. CALLOWAY,

6

Debtors.

)

)

)

)

)

)

Case No: 09-16011-BH

Chapter 7

7

8

TRANSCRIPT OF MEETING OF CREDITORS

9

HELD BEFORE LYLE R. NELSON, TRUSTEE

10

ON DECEMBER 9, 2009

11

12

13

APPEARANCES

14

15 On behalf of the CREDITOR RED RIVER ROOFING:

16

MARK L. HOOSE

17 East First Street

17

Edmond, Oklahoma 73083

(405) 330-4053

18

On behalf of the DEBTORS:

19

JERRY D. BROWN

**PLAINTIFF'S
 EXHIBIT**

2

20 Jerry D. Brown, P.C.
 One Western Plaza
 21 5500 North Western, Suite 150
 Oklahoma City, Oklahoma 73118
 22 (405) 841-1000

23

24 REPORTED BY: VICKI BEELER, CSR

25

□

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DEPOSITION INDEX

3 ITEM

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1 TRANSCRIPT OF PROCEEDINGS

2 MR. NELSON: We will go ahead and do Michael
3 and Lillie Calloway, 09-16011. Let's see some
4 Social. Have a seat over there. IDs match with
5 mine.

6 * * * *

7 MICHAEL L. AND LILLIE E. CALLOWAY,
8 having been duly sworn, testified as follows:

9 EXAMINATION

10 BY MR. BROWN:

11 Q. For the record, Jerry D. Brown is here
12 representing the debtors.

13 Sir, state your name for the record, please?

14 A. Michael Calloway, Sr.

15 MR. BROWN: And, ma'am, would you state your
16 name for the record, please?

17 LILLIE CALLOWAY: Lillie Evette Calloway.

18 BY MR. BROWN:

19 Q. Sir, would you please state your current
20 address?

21 A. 19445 Sportsman Road, Edmond, Oklahoma,
22 73012.

23 Q. Okay. And you also have a different mailing
24 address; is that correct?

25 A. Yes.

4

1 Q. Would you also provide that for the record?

2 A. Post Office Box 2031, Edmond, Oklahoma,
3 73083.

4 Q. Are those both the same addresses as you
5 listed on the petition; is that correct?

6 A. Yes.

7 Q. How long have you lived at your residence?

8 A. Nine years.

9 Q. Did you provide my office with the
10 information that we used to prepare the legal files
11 in this case.

12 A. Yes, we did.

13 Q. Did you have a chance to review those
14 documents before they were filed?

15 A. Yes.

16 Q. Did you sign those documents?

17 A. Yes.

18 Q. Are those documents true, full and accurate
19 to the best of your knowledge?

20 A. Yes.

21 Q. Are we listing everything you own and
22 everyone you owe money to?

23 A. Yes.

24 Q. Are there any errors or omissions you need
25 to bring to the Trustee's attention at this time?

□

5

1 A. No.

2 Q. Are you expecting any type of financial
3 windfall in the future like an inheritance or a
4 property settlement, anything of that nature?

5 A. No.

6 Q. As far as you know do you have the right to

7 sue anyone as a result of anything that has happened
8 to you? Do you have a right to sue anyone?

9 A. No.

10 Q. Any causes of action like personal injury or
11 workers' comp?

12 A. No.

13 Q. Is this your first bankruptcy?

14 A. No.

15 Q. When was the last time you filed bankruptcy?
16 Was it over eight years ago?

17 A. Yes, it was over eight years ago.

18 Q. Was it just straight bankruptcy like this
19 one?

20 A. No.

21 Q. Chapter 7?

22 A. No.

23 Q. Was it a Chapter 13?

24 A. Yes.

25 Q. Did it go through?

□

6

1 A. Yes.

2 Q. And I understand the main reason to cause
3 you to have to file this bankruptcy is a failed
4 business; is that correct?

5 A. Yes.

6 MR. BROWN: Ma'am, for the record, did you
7 hear the questions I asked your husband directly?

8 LILLIE CALLOWAY: I did.

9 MR. BROWN: Did you hear his answers?

10 LILLIE CALLOWAY: I did.

11 MR. BROWN: Would your answers to those same

12 questions be any different than his?

13 LILLIE CALLOWAY: No, they wouldn't be.

14 MR. BROWN: Okay. Nothing further.

15 MR. NELSON: Parties present with questions?

16 EXAMINATION

17 BY MR. HOOSE:

18 Q. Mark Hoose on behalf of Red River Roofing.

19 Mr. Calloway, you entered into a contract on or about

20 October 15th of 2008 with Red River Roofing to do

21 roof repairs to your primary residence; is that

22 correct?

23 A. Yes.

24 Q. And you issued a check out to them for

25 approximately \$5,000, and there was a balance due in

□

7

1 excess of \$15,000 for further repairs. Is that

2 approximately right?

3 A. Yes.

4 Q. Was that a loss which was covered by your

5 insurance?

6 A. Yes.

7 Q. And did you receive any insurance proceeds

8 to cover the work that was done by Red River?

9 A. Yes.

10 Q. And what did you do with those insurance

11 proceeds?

12 A. Went through the mortgage -- the mortgage

13 companies --

14 LILLIE CALLOWAY: Re-deposited it.

15 MICHAEL CALLOWAY: Re-deposited it.

16 BY MR. HOOSE:

17 Q. Okay. Is the money then -- is the money
18 still at the mortgage company waiting to be paid or
19 was it sent --

20 A. No, they got it all.

21 LILLIE CALLOWAY: They deposited.

22 BY MR. HOOSE:

23 Q. The mortgage company?

24 A. Uh-huh, and they released part of it, and
25 that is when we paid them a portion and the rest of

□

8

1 it they took.

2 Q. Approximately how much money did the
3 mortgage company take?

4 LILLIE CALLOWAY: Like 2,000 --

5 MICHAEL CALLOWAY: Yes.

6 MR. HOOSE: How much?

7 LILLIE CALLOWAY: I don't know exactly the
8 amount.

9 BY MR. HOOSE:

10 Q. How much money was the total insurance loss?
11 Weren't you supposed to be receiving a check for
12 approximately \$60,000 for the damages to the home?

13 A. How much?

14 LILLIE CALLOWAY: Like 2,000 or so.

15 BY MR. HOOSE:

16 Q. What was the amount of the insurance loss
17 that you recall?

18 A. I don't know the total amount.

19 Q. Do you have any documentation related to
20 that?

21 LILLIE CALLOWAY: We have the amount.

22 MICHAEL CALLOWAY: The amount.
23 LILLIE CALLOWAY: That we got paid.
24 MICHAEL CALLOWAY: The amount of what we got
25 paid.

□

9

1 LILLIE CALLOWAY: That's all.
2 MICHAEL CALLOWAY: And that's all we had.
3 BY MR. HOOSE:
4 Q. Can you provide that to your attorney?
5 A. Yes.
6 Q. Who was your insurance company?
7 A. State Farm.
8 Q. State Farm. And you did not receive any of
9 that money which you used for your own use?
10 A. No.
11 Q. At the time that you entered into this
12 contract, it appears in the calendar year 2008 that
13 your income from all sources combined was
14 approximately \$33,000; is that correct?
15 A. Yeah, if that is what is on my tax returns.
16 Q. On your statement of financial affairs you
17 indicated your income was \$33,000?
18 A. Yes.
19 Q. And at this point in time I believe on your
20 Schedule I, you are showing that your income is
21 approximately \$2,779.80 and that is including \$1,885
22 in unemployment compensation; is that correct?
23 A. Yes.
24 Q. Are you current on your house at this point
25 in time?

□

10

1 A. Not as of this month. Behind one month.

2 Q. You are behind one month. What about your
3 rental property, are you current on it?

4 A. I am behind this month.

5 Q. You are behind this month. According to
6 your Schedule J that your home mortgage payment is
7 \$4,911.74, is that for the first mortgage on both
8 properties combined?

9 LILLIE CALLOWAY: You said 4,000?

10 MICHAEL CALLOWAY: 4,000.

11 MR. HOOSE: Yes, it shows the combined --

12 LILLIE CALLOWAY: I think it's for both
13 properties, yeah.

14 MICHAEL CALLOWAY: That's both.

15 LILLIE CALLOWAY: Yes.

16 BY MR. HOOSE:

17 Q. Can you explain to me how you have been able
18 to maintain this \$4,911.74 per month for your primary
19 residence and rental property if your income is
20 substantially less than that?

21 A. I have just been doing odds and end jobs.
22 Cutting glass and things of that nature.

23 Q. Did you report that income on your schedules
24 here?

25 LILLIE CALLOWAY: It's here.

□

11

1 MICHAEL CALLOWAY: It's on here.

2 BY MR. HOOSE:

3 Q. But this income basically shows that you are
4 earning \$2,779.80 per month and your mortgage
5 payments alone are \$4,911.74 per month?

6 A. We was current on everything before we
7 filed.

8 Q. It shows that you made payments in August,
9 September and October to Bank Of America on your
10 first mortgage totaling \$9,519.75. And it shows you
11 made payments in August, September and October of
12 2009 to Bank Of America on the rental property in the
13 amount of 2,671.47. That is 11,000 -- approximately
14 \$12,000 in total payments. Where did that money come
15 from?

16 LILLIE CALLOWAY: Our earnings.

17 MICHAEL CALLOWAY: Our business and my --
18 what you call it? My retirement account.

19 BY MR. HOOSE:

20 Q. What retirement account was that?

21 A. Simple IRA. It's all listed in the tax
22 return.

23 Q. And was that IRA closed out?

24 A. Yes. That is how we made those payments.

25 Q. Okay. And did you disclose that IRA as

□

12

1 being closed on your statement of financial affairs?

2 A. Yes.

3 Q. It shows in January of 2009 that you
4 transferred to VEMAC, LLC medical supplies,
5 inventory, computers, furniture and fixtures, and you
6 valued that at zero dollars and you indicated you
7 received nothing for that. Who is VEMAC, LLC?

22 LILLIE CALLOWAY: I think two or three.
23 MICHAEL CALLOWAY: I think maybe probably
24 two and a half, three years.
25 BY MR. HOOSE:

13

1 Q. And when was that?

2 A. About '06 to -- yes, '06 or '07?

3 LILLIE CALLOWAY: '06, '07.

4 MICHAEL CALLOWAY: '06, 7 and 8.

5 BY MR. HOOSE:

6 Q. When was VEMAC, LLC formed if you know?

7 A. I don't know.

8 Q. Was that a business that was formed shortly

9 prior to you transferring these assets to this

10 company?

11 A. Repeat that.

12 Q. Was VEMAC, LLC formed shortly prior to you

13 transferring the assets to the business?

14 A. I don't know when he formed it. I just
15 transferred the assets.

16 Q. You indicated you received nothing for the
17 assets. Do you have an inventory list of the assets
18 you transferred?

19 A. I think we have got an inventory list.

20 Q. Okay. Were those transferred from you in
21 your individual capacity or from one of your business
22 entities?

23 A. I don't understand your question.

24 Q. Were the assets that you transferred to
25 VEMAC, did you own all those assets personally?

□

14

1 A. No, the company.

2 Q. The company owned those assets. And what
3 company was that that transferred the assets?

4 A. A Plus Medical Care.

5 Q. And did you have those assets insured?

6 A. Yes. They was insured.

7 Q. Do you recall what you had the assets
8 insured for as the value?

9 A. No.

10 Q. And again, what did you receive? Says here
11 you received absolutely nothing for that. Is that
12 accurate?

13 A. Yes.

14 Q. And you have indicated that you intend to
15 reaffirm your first mortgage payment and your
16 obligation based on your primary residence, you have
17 indicated your intent is to reaffirm your rental

25 MR. NELSON: That is all.

□

23

1 CERTIFICATE

2 STATE OF OKLAHOMA

3 SS

4 OKLAHOMA COUNTY

5 I, Vicki Beeler, Certified Shorthand
6 Reporter, do hereby certify that the above and
7 foregoing TRANSCRIPT OF PROCEEDINGS was by me taken
8 via tape recording in shorthand and thereafter

9 transcribed; that the same is true and correct, and
10 that I am not attorney for or relative of any of said
11 parties or otherwise interested in the event of said
12 action.

13 IN WITNESS WHEREOF, I have hereunto set my
14 hand and official seal this 27th day of July, 2010.

15

16 VICKI BEELER, CSR
State of Oklahoma, No. 00120

17

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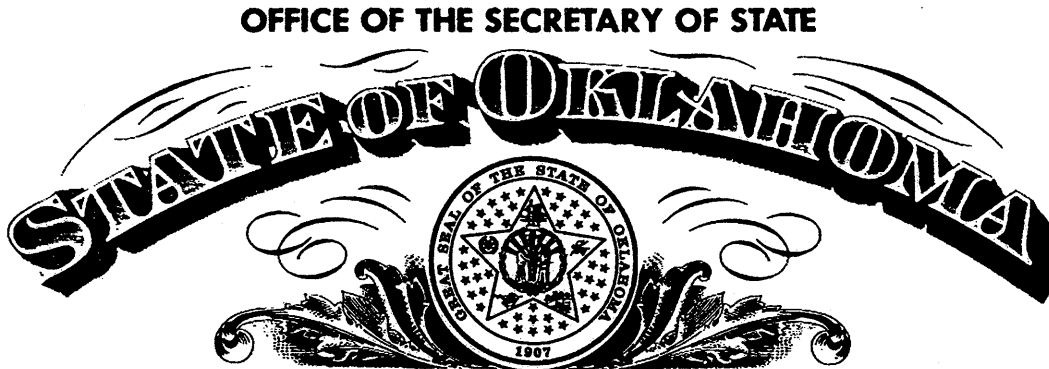
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CERTIFIED COPY

I THE UNDERSIGNED, Secretary of State, of the State of Oklahoma do hereby certify that, to the date of this certificate, the attached is a true and correct copy of the document on file as described below of:

NAME OF ENTITY
A PLUS MEDICAL CARE INC.

DOCUMENT TYPE
Certificate of Incorporation

DOCUMENT FILING DATE
June 03, 1996



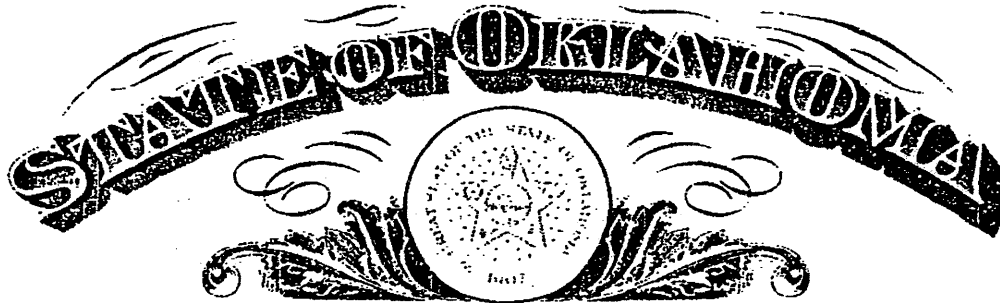
IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 3rd day of August, 2010.

M. Susan Savage

Secretary Of State



OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF INCORPORATION

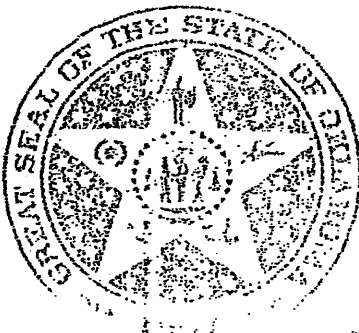
WHEREAS, the Certificate of Incorporation of

A PLUS MEDICAL CARE INC.

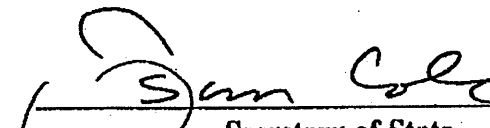

has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



Filed in the City of Oklahoma City this 3rd
day of June, 1996.


Secretary of State
By: 

7 3 1 1 0 0 0 0 1

FEE: \$1.00 per \$1,000.00
On Authorized Capital
MINIMUM FEE: \$50.00

CERTIFICATE OF INCORPORATION (PROFIT)

FILED

JUN 3 1996

OKLAHOMA SECRETARY
OF STATE

FILE IN DUPLICATE

PRINT CLEARLY

FOR OFFICE USE ONLY

TO THE SECRETARY OF STATE OF THE STATE OF OKLAHOMA:

1. The name of this corporation is:

A Nus Medical Care Inc.
(Please refer to procedure sheet for statutory words required to be included in the corporate name.)

2. The address of the registered office in the State of Oklahoma and the name of the registered agent at such address are:

Michael LaRue, Jr. 120 N. Bay St. Edmond, Oklahoma 73034
NAME NUMBER & STREET ADDRESS CITY COUNTY ZIP CODE
(P.O. BOXES ARE NOT ACCEPTABLE.)

3. The duration of the corporation is: Perpetual
(Perpetual unless otherwise stated)

4. The purpose or purposes for which the corporation is formed are:

All lawful activities and purposes allowed to corporations in the state of Oklahoma.

5. The aggregate number of shares which the corporation shall have authority to issue, the designation of each class, the number of shares of each class, and the par value of the shares of each class are as follows:

NUMBER OF SHARES	SERIES	PAR VALUE PER SHARE (Or, if without par value, so state)
Common <u>500</u>		<u>1.00</u>
Preferred _____		

TOTAL NO. SHARES: 500TOTAL AUTHORIZED CAPITAL: 500.00

6. If the powers of the incorporator(s) are to terminate upon the filing of the certificate of incorporation, the names and mailing addresses of the persons who are to serve as directors:

NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE
Michael L. Callaway Sr.	Box 2031 Edmond	OK		73083
Gary N. Clayton	9901 Sudbury Rd.	Yukon	OK	73099

7. The name and mailing address of the undersigned incorporator(s):

NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE
Michael L. Callaway Sr.	Box 2031 Edmond	OK		73083
Gary N. Clayton	9901 Sudbury Rd.	Yukon	OK	73099

THE UNDERSIGNED, for the purpose of forming a corporation under the laws of the State of Oklahoma does certify that the facts herein stated are true, and has accordingly hereunto set my hand this 03 day of June, 1996.

Michael L. Callaway Sr.
Signature

Gary N. Clayton
Signature

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF SUSPENSION
DOMESTIC FOR PROFIT BUSINESS CORPORATION**

I THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of corporations to transact business in the state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that A PLUS MEDICAL CARE INC. is a corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma.

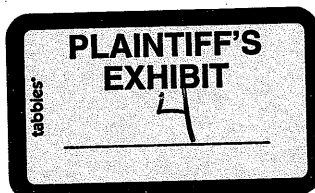
I FURTHER CERTIFY that said corporation was suspended by the Secretary of State on the 17th day of June, 2005 upon order of the Oklahoma Tax Commission for failure to comply with the requirements of the Oklahoma Tax Act and is not a corporation in good standing according to the records of this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 19th day of August, 2010.

M. Susan Savage

Secretary Of State



OFFICE OF THE SECRETARY OF STATE



CERTIFIED COPY

I THE UNDERSIGNED, Secretary of State, of the State of Oklahoma do hereby certify that, to the date of this certificate, the attached is a true and correct copy of the document on file as described below of:

NAME OF ENTITY
A PLUS MEDICAL CARE OF OKLAHOMA, INC.

DOCUMENT TYPE
Certificate of Incorporation

DOCUMENT FILING DATE
December 19, 2005



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 3rd day of August, 2010.

M. Susan Savage

Secretary Of State



OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF INCORPORATION

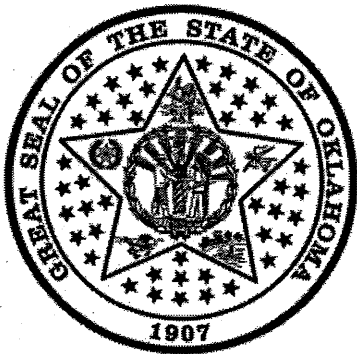
WHEREAS, the Certificate of Incorporation of

A PLUS MEDICAL CARE OF OKLAHOMA, INC.

has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



*Filed in the city of Oklahoma City this
19th day of December, 2005.*

A handwritten signature in cursive script, reading "M. Susan Savage".

Secretary of State

**Articles of Incorporation
Of
A Plus Medical Care of Oklahoma, Inc.**

FIRST: The name of the corporation is A Plus Medical Care of Oklahoma, Inc.

SECOND: The address of the registered office in the State of Oklahoma is 405 W. 2nd, Edmond, OK 73003. The name of the corporation's registered agent at such address is Michael Calloway, Sr.

THIRD: The purposes of the corporation is to own and operate a medical supply and to engage in any other lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Oklahoma.

FOURTH: The total number of shares of all classes of stock which the corporation shall have authority to issue is Fifty Thousand (50,000) shares, each of the shares having a par value of \$1.00, all of which shares shall be Common Stock.

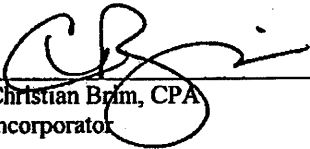
FIFTH: The name and mailing address of the persons who are to serve as the initial directors until the first annual meeting of the shareholders is as follows:

<u>Name</u>	<u>Mailing Address</u>
Michael Calloway, Sr.	PO Box 1296 Edmond, OK 73003

SIXTH: The name and mailing address of the incorporator is as follows:

<u>Name</u>	<u>Mailing Address</u>
Christian Brim, CPA	8901 Commerce Park Drive Oklahoma City, OK 73132

THE UNDERSIGNED being the incorporator hereinbefore named, for the purpose of forming a corporation pursuant to the Oklahoma General Corporation Act, makes this certificate, hereby declaring and certifying that this is the act and deed of the undersigned and that the facts herein stated are true, as of the 15th day of December 2005.



Christian Brim, CPA
Incorporator

12/19/2005 03:44 PM

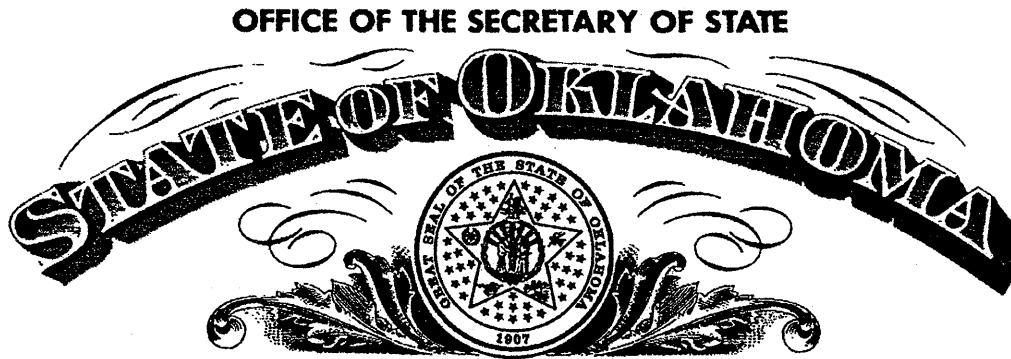
OKLAHOMA SECRETARY OF STATE



SOS



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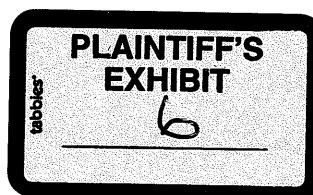
CERTIFICATE

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of corporations to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that A PLUS MEDICAL CARE OF OKLAHOMA, INC., was granted a charter on the 19th day of December, 2005, a corporation duly organized and existing under and by virtue of the laws of the State of Oklahoma.

I FURTHER CERTIFY that, MICHAEL CALLOWAY SR whose address is 405 W 2ND EDMOND OK 73003 is the registered agent for service of process for said corporation.

I FURTHER CERTIFY that A PLUS MEDICAL CARE OF OKLAHOMA, INC., is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.





IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 19th, day of August, 2010.

M. Susan Savage

Secretary Of State

**PLAINTIFF'S
EXHIBIT**

7

Primary Account: ~~08869375~~4001



THIS PAGE IS PART OF A STATEMENT REQUEST
GROUP ID G09Apr10-1089

January 31, 2009 through February 27, 2009

Primary Account: ~~0201245030200000043~~ 4001

A PLUS MEDICAL CARE INC

Account Number: ~~0201245030200000043~~ 4001**CHECKING SUMMARY**

	INSTANCES	AMOUNT
Beginning Balance		\$1,089.49
Deposits and Additions	2	2,515.29
Checks Paid	9	- 694.94
ATM & Debit Card Withdrawals	5	- 221.00
Other Withdrawals, Fees & Charges	9	- 2,242.07
Ending Balance	25	\$446.77

This message confirms that you have overdraft protection on your checking account.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
02/10	Deposit	\$1,015.29
02/25	Deposit 0201245030200000043 5009	1,500.00
Total Deposits and Additions		\$2,515.29

Doc. 28-1 Filed: 09/17/10
THIS PAGE IS PART OF A STATEMENT REQUEST
GROUP ID G09Apr10-1089



January 31, 2009 through February 27, 2009

Primary Account: 060202874001

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
5266 ^		02/02	\$62.64
5267 ^		02/02	40.00
7441 * ^		02/02	67.30
7474 * ^		02/12	25.00
7475 ^		02/17	100.00
7476 ^		02/17	150.00
7477 ^		02/13	50.00
7478 ^		02/12	100.00
7479 ^		02/12	100.00
Total Checks Paid			\$694.94

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

[^] An image of this check may be available for you to view on Chase.com.

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
02/02	Card Purchase 01/30 Boomerang Carwash #7 Edmond OK Card 3377	\$9.00
02/04	Card Purchase 02/02 Extra Space Place #5 00001 OK Card 0085	120.00
02/04	Card Purchase 02/02 Extra Space Place #5 00001 OK Card 0085	80.00
02/17	Card Purchase 02/13 Boomerang Carwash #7 Edmond OK Card 3377	6.00
02/17	Card Purchase 02/14 Boomerang Carwash #7 Edmond OK Card 3377	6.00
Total ATM & Debit Card Withdrawals		\$221.00

OTHER WITHDRAWALS, FEES & CHARGES

DATE	DESCRIPTION	AMOUNT
02/02	Capital One Online Pmt 0000000000 0497 CCD ID: 0000000000 4991	\$264.00
02/12	Deposited Item Returned 008410 # of Items00001	1,000.00
02/12	Deposit Item Returned Fee: 01 008410 # of Items00001	10.00
02/17	Blue Cross Blue Ins. Prem 0000000000 6949 PPD ID: 0000000000 6610	658.38
02/18	Insufficient Funds Fee	175.00
02/18	Aspen Athletic C Aspen 006917 PPD ID: 0000000000 3997	60.69
02/19	Insufficient Funds Fee	35.00
02/24	Extended Overdraft Fee	25.00
02/27	Service Fee	14.00
Total Other Withdrawals, Fees & Charges		\$2,242.07

A Overdraft fee was charged on 02/18 due to insufficient funds in your account.

A Overdraft fee was charged on 02/19 due to insufficient funds in your account.

You can waive your monthly service fee by maintaining an average checking balance of \$5,000 or more during the statement period.

THIS PAGE IS PART OF A STATEMENT REQUEST
GROUP ID G09Apr10-1089



January 31, 2009 through February 27, 2009

Primary Account: ██████████4001

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT
02/02	\$646.55	02/18	-979.23
02/04	446.55	02/19	-1,014.23
02/10	1,461.84	02/24	-1,039.23
02/12	226.84	02/25	460.77
02/13	176.84	02/27	446.77
02/17	-743.54		

SERVICE CHARGE SUMMARY

TRANSACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS
Checks Paid / Debits	17
Deposits / Credits	2
Deposited Items	3
Transaction Total	22

SERVICE FEE CALCULATION	AMOUNT
Service Fee	\$14.00
Service Fee Credit	<u>\$0.00</u>
Net Service Fee	\$14.00
Excessive Transaction Fees (Above 200)	<u>\$0.00</u>
Total Service Fees	\$14.00



THIS PAGE IS PART OF A STATEMENT REQUEST
GROUP ID G09Apr10-1089



January 31, 2009 through February 27, 2009

Primary Account: ~~00000000000000000000~~4001

CHANGES TO THE "AVAILABILITY OF OTHER CHECK DEPOSITS" SECTION OF THE FUNDS AVAILABILITY POLICY:
CHECKS CAN BE IDENTIFIED AS LOCAL OR NON-LOCAL BY LOOKING AT THE FIRST FOUR DIGITS OF THE NINE-DIGIT BANK ROUTING NUMBER NORMALLY LOCATED ON THE LOWER LEFT-HAND SIDE OF THE CHECK.

THE FOLLOWING PREFIXES WILL BE ADDED TO THE CHART OF NUMBERS
CONSIDERED LOCAL:

**LOCAL NUMBERS FOR DEPOSITS MADE IN ILLINOIS AND WISCONSIN:
EFFECTIVE JANUARY 31, 2009: 0730, 0739, 1040, 1041, 1049, 2730,
2739, 3040, 3041, 3049**

LOCAL NUMBERS FOR DEPOSITS MADE IN LOUISIANA: EFFECTIVE
JANUARY 31, 2009: 0810, 0812, 0815, 0819, 0865, 2810, 2812,
2815, 2819, 2865
EFFECTIVE MARCH 21, 2009: 0530, 0531, 0532, 0539, 2530, 2531,
2532, 2539

LOCAL NUMBERS FOR DEPOSITS MADE IN FLORIDA: EFFECTIVE
JANUARY 31, 2009: 0610, 0611, 0612, 0613, 0620, 0621, 0622,
0640, 0641, 0642, 0650, 0651, 0652, 0653, 0654, 0655, 0810,
0812, 0815, 0819, 0820, 0829, 0840, 0841, 0842, 0843, 0865,
2610, 2611, 2612, 2613, 2620, 2621, 2622, 2640, 2641, 2642,

2650, 2651, 2652, 2653, 2654, 2655, 2810, 2812, 2815, 2819,
2820, 2829, 2840, 2841, 2842, 2843, 2865
EFFECTIVE MARCH 21, 2009: 0530, 0531, 0532, 0539, 2530, 2531,
2532, 2539



February 28, 2009 through March 31, 2009

Primary Account: [REDACTED] 4001

PLEASE PRINT YOUR INFORMATION

Note: Ensure your checkbook register is up to date with all transactions to date whether they are included on your statement or not.

1. Write in the Ending Balance shown on this statement:

Step 1 Balance: \$ _____

2. List and total all deposits & additions not shown on this statement:

Date	Amount	Date	Amount	Date	Amount

Step 2 Total: \$ _____

3. Add Step 2 Total to Step 1 Balance.

Step 3 Total: \$ _____

4. List and total all checks, ATM withdrawals, debit card purchases and other withdrawals not shown on this statement.

Check Number or Date	Amount	Check Number or Date	Amount

Step 4 Total: -\$ _____

5. Subtract Step 4 Total from Step 3 Total. This should match your Checkbook Balance: \$ _____

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call or write us at the phone number or address on the front of this statement (non-personal accounts contact Customer Service) if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account.



JPMorgan Chase Bank, N.A. Member FDIC

THIS PAGE IS PART OF A STATEMENT REQUEST
GROUP ID G09Apr10-1089



February 28, 2009 through March 31, 2009

Primary Account: ~~6011000000000000~~ 64001

A PLUS MEDICAL CARE INC

Account Number: ~~6011000000000000~~ 64001**CHECKING SUMMARY**

	INSTANCES	AMOUNT
Beginning Balance		\$446.77
Deposits and Additions	3	6,916.75
ATM & Debit Card Withdrawals	14	- 434.31
Other Withdrawals, Fees & Charges	4	- 5,719.07
Ending Balance	21	\$1,210.14

Your monthly service fee was waived because you had at least 5 debit card purchases during the statement period.

This message confirms that you have overdraft protection on your checking account.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
03/13	Deposit 4000000000000000 9671	\$1,850.53
03/17	Deposit	4,243.58
03/31	Deposit 0000000000000000 8799	822.64
Total Deposits and Additions		\$6,916.75

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
03/04	Card Purchase 03/02 Extra Space Place #5 00001 OK Card 0085	\$120.00
03/04	Card Purchase 03/02 Extra Space Place #5 00001 OK Card 0085	80.00
03/09	ATM Withdrawal 03/06 2307 W Edmond Rd Edmond OK Card 3377	100.00
03/16	Card Purchase 03/14 Boomerang Carwash #7 Edmond OK Card 3377	6.00
03/18	Card Purchase 03/16 Boomerang Carwash #7 Edmond OK Card 3377	6.00
03/18	Card Purchase 03/16 Boomerang Carwash #7 Edmond OK Card 3377	6.00
03/20	Card Purchase 03/19 Famous Cajun Grill Oklahoma City OK Card 3377	6.06
03/23	Card Purchase 03/20 Vista Dry Cleaners Edmond OK Card 3377	33.78
03/23	Card Purchase 03/19 Chick-Fil-A #01142 Oklahoma City OK Card 3377	5.96
03/24	Card Purchase 03/23 McDonald's F26531 Oklahoma City OK Card 3377	11.25
03/25	Card Purchase 03/23 Braum's Store #88 Q Oklahoma Ci OK Card 3377	6.10

THIS PAGE IS PART OF A STATEMENT REQUEST
GROUP ID G09Apr10-1089



February 28, 2009 through March 31, 2009

Primary Account: [REDACTED] 4001

ATM & DEBIT CARD WITHDRAWALS (continued)

DATE	DESCRIPTION	AMOUNT
03/26	Card Purchase 03/24 Cherokee Strip Barbeq Stillwater OK Card 3377	17.35
03/26	Card Purchase 03/25 McDonald's F26531 Oklahoma City OK Card 3377	10.92
03/31	Card Purchase 03/29 Golden Chick Midwest City OK Card 3377	24.89
Total ATM & Debit Card Withdrawals		\$434.31

OTHER WITHDRAWALS, FEES & CHARGES

DATE	DESCRIPTION	AMOUNT
03/16	Blue Cross Blue Ins. Prem [REDACTED] 6949 PPD ID: [REDACTED] 6610	\$658.38
03/17	Aspen Athletic C Aspen [REDACTED] 917 PPD ID: [REDACTED] 3997	60.69
03/23	Withdrawal	4,000.00
03/31	Withdrawal	1,000.00
Total Other Withdrawals, Fees & Charges		\$5,719.07

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT
03/04	\$246.77	03/20	5,497.75
03/09	146.77	03/23	1,458.01
03/13	1,997.30	03/24	1,446.76
03/16	1,332.92	03/25	1,440.66
03/17	5,515.81	03/26	1,412.39
03/18	5,503.81	03/31	1,210.14

SERVICE CHARGE SUMMARY

TRANSACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS
Checks Paid / Debits	18
Deposits / Credits	3
Deposited Items	4
Transaction Total	25
SERVICE FEE CALCULATION	AMOUNT
Service Fee	\$0.00
Service Fee Credit	\$0.00
Net Service Fee	\$0.00
Excessive Transaction Fees (Above 200)	\$0.00
Total Service Fees	\$0.00

THIS PAGE IS PART OF A STATEMENT REQUEST
GROUP ID G09Apr10-1089



February 28, 2009 through March 31, 2009

Primary Account: ~~800-200-2000~~ 4001



THIS PAGE IS PART OF A STATEMENT REQUEST
GROUP ID G09Apr10-1089



February 28, 2009 through March 31, 2009
Primary Account: ~~XXXXXXXXXX~~ 4001

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May 01, 2009 through May 29, 2009
Primary Account: ~~XXXXXXXXXX~~4001**REBALANCING YOUR CHECKBOOK**

Note: Ensure your checkbook register is up to date with all transactions to date whether they are included on your statement or not.

1. Write in the Ending Balance shown on this statement: Step 1 Balance: \$ _____

2. List and total all deposits & additions not shown on this statement:

Date	Amount	Date	Amount	Date	Amount

Step 2 Total: \$ _____

3. Add Step 2 Total to Step 1 Balance.

Step 3 Total: \$ _____

4. List and total all checks, ATM withdrawals, debit card purchases and other withdrawals not shown on this statement.

Check Number or Date	Amount	Check Number or Date	Amount

Step 4 Total: -\$ _____

5. Subtract Step 4 Total from Step 3 Total. This should match your Checkbook Balance: \$ _____

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call or write us at the phone number or address on the front of this statement (non-personal accounts contact Customer Service) if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account.



JPMorgan Chase Bank, N.A. Member FDIC



May 01, 2009 through May 29, 2009
Primary Accounts: [REDACTED] 4001

Want to learn more about managing your checking account?
Visit your local branch and speak to a personal banker today
or visit www.Chase.com/ManageMyAccount

*Overdraft Protection may be subject to credit approval. Fees may apply.

CONSOLIDATED BALANCE SUMMARY PAGE

ASSETS

Checking & Savings

	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase BusinessClassic	[REDACTED] 4001	-\$677.01	-\$900.18
Total		-\$677.01	-\$900.18

TOTAL ASSETS

-\$677.01 **-\$900.18**

CREDIT CARDS, LOANS & LINES OF CREDIT

Loans & Lines of Credit

	ACCOUNT	AVAILABLE CREDIT	BALANCE
Chase Business Line of Credit	*****3001	\$0.00	\$0.00
Total		\$0.00	\$0.00

TOTAL CREDIT CARDS, LOANS & LINES OF CREDIT

\$0.00 **\$0.00**

All Summary Balances shown are as of May 29, 2009 unless otherwise stated. For details of your retirement accounts, credit accounts or securities accounts, you will receive separate statements. Balance summary information for annuities is provided by the issuing insurance companies and believed to be reliable without guarantee of its completeness or accuracy.



THIS PAGE IS PART OF A STATEMENT REQUEST
GROUP ID G09Apr10-1089



May 01, 2009 through May 29, 2009
Primary Account: ~~000000000000~~ 4001



A PLUS MEDICAL CARE INC

Account Number: ~~000000000000~~ 4001

CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		-\$677.01
Deposits and Additions	1	900.00
ATM & Debit Card Withdrawals	2	- 200.00
Other Withdrawals, Fees & Charges	6	- 923.17
Ending Balance	9	-\$900.18

This message confirms that you have overdraft protection on your checking account.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
05/04	Deposit 000000000000 2663	\$900.00
Total Deposits and Additions		\$900.00

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
05/04	Card Purchase 05/01 Extra Space Place #5 00001 OK Card 0085	\$120.00
05/04	Card Purchase 05/01 Extra Space Place #5 00001 OK Card 0085	80.00
Total ATM & Debit Card Withdrawals		\$200.00

OTHER WITHDRAWALS, FEES & CHARGES

DATE	DESCRIPTION	AMOUNT
05/15	Blue Cross Blue Ins. Prem 000000000000 6949 PPD ID: 000000000000 6610	\$753.48
05/18	Insufficient Funds Fee	35.00
05/19	Aspen Athletic C Aspen 000000000000 6917 PPD ID: 000000000000 3997	60.69
05/20	Insufficient Funds Fee	35.00
05/22	Extended Overdraft Fee	25.00
05/29	Service Fee	14.00
Total Other Withdrawals, Fees & Charges		\$923.17

A Overdraft fee was charged on 05/18 due to insufficient funds in your account.

Doc: 28-1 Filed: 09/17/10
THIS PAGE IS PART OF A STATEMENT REQUEST
GROUP ID G09Apr10-1089



May 01, 2009 through May 29, 2009
Primary Account: 603209354001

Wire Transfer Service offered through Chase OnlineSM for Business
Try it today and get \$25!

Pay bills and transfer funds around the world- anytime, right from your computer!

This convenient, secure online service lets you transfer funds by wire from your Chase business checking account to any other bank account, almost anywhere in the world. Pay suppliers and move money 24/7, from your office or on the go - with no trip to the bank.

Visit chase.com/wire25 and send a wire transfer by July 31, 2009 and we'll give you \$25.

Important Information: Offer valid 6/1/09 through 7/31/09. Offer limited to one Wire Transfer Service reward/premium per customer, per calendar year. Reward will be automatically deposited into your Chase business checking account within 4-6 weeks after sending your first wire transfer through Chase Online for Business. Reward is considered miscellaneous income and will be reported on IRS form 1099-MISC.

**PLAINTIFF'S
EXHIBIT**

10

THIS PAGE IS PART OF A STATEMENT REQUEST
GROUP ID G09Apr10-1089



July 01, 2009 through July 15, 2009

Account Number: ~~XXXXXXXXXXXX~~ 4001



Note: Ensure your checkbook register is up to date with all transactions to date whether they are included on your statement or not.

1. Write in the Ending Balance shown on this statement: Step 1 Balance: \$ _____

2. List and total all deposits & additions not shown on this statement:

Date	Amount	Date	Amount	Date	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Step 2 Total: \$ _____

3. Add Step 2 Total to Step 1 Balance.

Step 3 Total: \$ _____

4. List and total all checks, ATM withdrawals, debit card purchases and other withdrawals not shown on this statement.

Check Number or Date	Amount	Check Number or Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Step 4 Total: -\$ _____

5. Subtract Step 4 Total from Step 3 Total. This should match your Checkbook Balance: \$ _____

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call or write us at the phone number or address on the front of this statement (non-personal accounts contact Customer Service) if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account.



JPMorgan Chase Bank, N.A. Member FDIC

THIS PAGE IS PART OF A STATEMENT REQUEST
GROUP ID G09Apr10-1089



July 01, 2009 through July 15, 2009
Account Number: ~~XXXXXXXXXX~~ 4001

SERVICE CHARGE SUMMARY

TRANSACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS
Checks Paid / Debits	0
Deposits / Credits	0
Deposited Items	0
Transaction Total	0

SERVICE FEE CALCULATION	AMOUNT
Service Fee	\$0.00
Service Fee Credit	\$0.00
Net Service Fee	\$0.00
Excessive Transaction Fees (Above 200)	\$0.00
Total Service Fees	\$0.00



THIS PAGE IS PART OF A STATEMENT REQUEST
GROUP ID G09Apr10-1089



July 01, 2009 through July 15, 2009
Account Number: [REDACTED] 4001

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OFFICE OF THE SECRETARY OF STATE



CERTIFIED COPY

I THE UNDERSIGNED, Secretary of State, of the State of Oklahoma do hereby certify that, to the date of this certificate, the attached is a true and correct copy of the document on file as described below of:

NAME OF ENTITY
MEDICAL ENTERPRISES, INC.

DOCUMENT TYPE
Certificate of Incorporation

DOCUMENT FILING DATE
August 04, 1999



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 3rd day of August, 2010.

M. Susan Savage

Secretary Of State



8 7 4 0 5 9 7 0 0 0 0

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF INCORPORATION

WHEREAS, the Certificate of Incorporation of

MEDICAL ENTERPRISES, INC.

has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



Filed in the City of Oklahoma City this 4TH
day of AUGUST, 1999.

Mike Hunter
Secretary of State

By: *Shannon C. Moore*

8 7 4 0 6 9 7 0 0 0 1

MINIMUM FEE: \$50.00
 Fee is \$1.00 per \$1,000.00
 on Total Authorized Capital

FILE IN DUPLICATE

PRINT CLEARLY

FILED

AUG 04 1999

OKLAHOMA SECRETARY
OF STATE**CERTIFICATE OF INCORPORATION**

TO: OKLAHOMA SECRETARY OF STATE
 2300 N. Lincoln Blvd., Room 101, State Capitol Building
 Oklahoma City, Oklahoma 73105-4897
 (405) 522-4560

The undersigned, for the purpose of forming an Oklahoma profit corporation pursuant to the provisions of Title 18, Section 1001, do hereby execute the following certificate of incorporation:

1. The name of the corporation is:

MEDICAL ENTERPRISES, INC.

(NOTE: Please refer to procedure sheet for statutory words required to be included in the corporate name.)

2. The name of the registered agent and the street address of the registered office in the State of Oklahoma is:

Michael Calloway Sr. 719 EVERGREEN Edmond Oklahoma 73003
 Name Street Address City County Zip Code
 (P.O. BOXES ARE NOT ACCEPTABLE)

3. The duration of the corporation is: Perpetual
 (Perpetual unless otherwise stated)

4. The purpose or purposes for which the corporation is formed are:

MEDICAL RENTAL and SALES

5. The aggregate number of shares which the corporation shall have the authority to issue, the designation of each class, the number of shares of each class, and the par value of the shares of each class are as follows:

NUMBER OF SHARES

SERIES
(If any)PAR VALUE PER SHARE
(Or, if without par value, so state)COMMON 500\$1.00

PREFERRED _____

6. If the powers of the incorporator(s) are to terminate upon the filing of the certificate of incorporation, the names and mailing addresses of the persons who are to serve as director(s):

NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE

7. The name and mailing address of the undersigned incorporator(s):

NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE
Michael Callaway Jr.	Box 2131	Edmond	OK	73003
Richard B. Madison	1109 W. 5 th St	OK	OK	73111

Signed and dated this _____ day of _____

SIGNATURE OF ALL INCORPORATORS


SIGNATURE


SIGNATURE

OFFICE OF THE SECRETARY OF STATE



CERTIFIED COPY

I THE UNDERSIGNED, Secretary of State, of the State of Oklahoma do hereby certify that, to the date of this certificate, the attached is a true and correct copy of the document on file as described below of:

NAME OF ENTITY
HIGH EXPECTATIONS, LLC

DOCUMENT TYPE
Articles of Organization

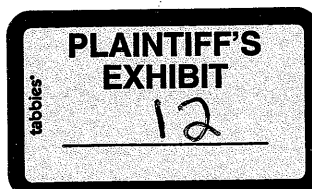
DOCUMENT FILING DATE
July 05, 2005



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 3rd day of August, 2010.

M. Susan Savage

Secretary Of State



OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE
OF
LIMITED LIABILITY COMPANY**

WHEREAS, the Articles of Organization of

HIGH EXPECTATIONS, LLC

an Oklahoma limited liability company has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



*Filed in the city of Oklahoma City this
5th day of July, 2005.*

M. Susan Savage

Secretary of State

ARTICLES OF ORGANIZATION OF HIGH EXPECTATIONS, LLC

TO: OKLAHOMA SECRETARY OF STATE
2300 N Lincoln Blvd., Room 101, State Capitol Building
Oklahoma City, Oklahoma 73105-4897

The undersigned, for the purpose of forming an Oklahoma limited liability company pursuant to the provisions of 18 O.S., Section 2004, does hereby execute the following articles:

1. The name of the limited liability company:

High Expectations, LLC

2. The street address of its principal place of business, wherever located:

19445 Sportsman Road
Edmond, Oklahoma 73003

3. The name and street address of the resident agent in the state of Oklahoma:

Stephen E. Dyer
6636 NW 39th Expressway, Suite 106
Bethany, OK 73008

4. The term of existence:

Perpetual

Articles of organization must be signed by at least one person who need not be a member of the limited liability company.

Dated: July 1, 2005

Signature: _____

Type or Print Name: Stephen E. Dyer

Address: 6636 NW 39th Expressway, Suite 106, Bethany, OK 73008

(SOS FORM 0073-11/99)

07/05/2005 01:40 PM

OKLAHOMA SECRETARY OF STATE



SOS



3244790002

OFFICE OF THE SECRETARY OF STATE



CERTIFIED COPY

I THE UNDERSIGNED, Secretary of State, of the State of Oklahoma do hereby certify that, to the date of this certificate, the attached is a true and correct copy of the document on file as described below of:

NAME OF ENTITY
PART-TIME SERVICES LLC

DOCUMENT TYPE
Articles of Organization

DOCUMENT FILING DATE
January 05, 2007



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 3rd day of August, 2010.

M. Susan Savage

Secretary Of State

**PLAINTIFF'S
EXHIBIT**

13

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE
OF
LIMITED LIABILITY COMPANY**

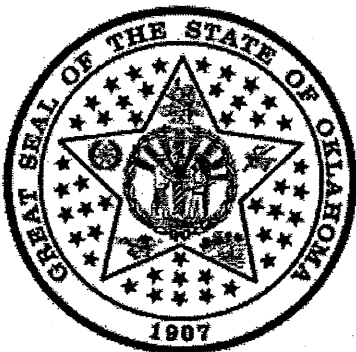
WHEREAS, the Articles of Organization of

PART-TIME SERVICES LLC

an Oklahoma limited liability company has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



*Filed in the city of Oklahoma City this
5th day of January, 2007.*

M. Susan Savage

Secretary of State

FILED - Oklahoma Secretary of State #3512126352 01/05/2007 16:20

01/05/2007 04:01 PM

OKLAHOMA SECRETARY OF STATE



SOS



6413940003

ARTICLES OF ORGANIZATION OF AN OKLAHOMA LIMITED LIABILITY COMPANY

TO: OKLAHOMA SECRETARY OF STATE

2300 N Lincoln Blvd., Room 101, State Capitol Building
Oklahoma City, Oklahoma 73105-4897
(405) 521-3912

The undersigned, for the purpose of forming an Oklahoma limited liability company pursuant to the provisions of 18 O.S., Section 2004, does hereby execute the following articles:

1. The name of the limited liability company (Note: The name must contain either the words **limited liability company** or **limited company** or the abbreviations LLC, LC, L.L.C. or L.C. The word limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co.):

PART-TIME SERVICES LLC

2. The street address of its principal place of business, wherever located:

405 N. 405 W. 2nd St. 2 Edmond, OK 73003

Street address

City

State

Zip Code

3. The name and street address of the resident agent in the state of Oklahoma:

Michael Calloway Sr. 19445 Sportsman Rd. Edmond, OK 73003

Name

Street Address

City

State

Zip Code

(P.O. Boxes are not acceptable.)

4. The term of existence:

PERPETUAL

Articles of organization must be signed by at least one person who need not be a member of the limited liability company.

Dated: 1-5-2007

Signature:

Type or Print Name:

Address:

Michael Calloway Sr.

P.O. Box 1990 Edmond, OK 73004

RECEIVED
OK SEC. OF STATE

(SOS FORM 0073-11/99)

JAN 05 2007